

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30152**

FILED SEP 22 1948

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **140**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Webb City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Jesse Chinn Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Hours**
(Specify whether
In this community **20 Years**
years, months or days)

3. (a) PRINT

FULL NAME **Mrs. Clara Edith Gillen**

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Fred M. Gillen (Deceased)** 6. (c) Age of husband or wife if alive **1897** years
7. Birth date of deceased **Dec 16 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **8** Days **25** If less than one day
br. min.

9. Birthplace **Carthage, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business

12. Name **Henry Hatzfield** **4**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Lutitia Sanders**

15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bessie J. Lewis**

(b) Address **St. Louis, Missouri**

17. (a) **Burial** (b) Date thereof **Sent 15 / 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pierce City, Cem.**

18. (a) Signature of funeral director **Johnson Arnce Simpson**

(b) Address **26 S. Roane St. Webb City**

19. (a) **SEPT. 15, 1948** (b) **W. J. Quinlan**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Webb City, Missouri** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **824 West Third St.** **2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 7** day **11**
year **1948** hour **11** minute **50** P. M.

21. I hereby certify that I attended the deceased from **Sept 11** 1948 to **Sept 11** 1948
that I last saw her alive on **Sept 11** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** **7 mi**
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **94B**

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **2**
(Specify type of place)

While at work? (a) Means of injury

Signature **W. J. Quinlan** (M.D. or other)

Address **Webb City Mo** Date signed **9/15/48**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 8 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.